Medical Development Program

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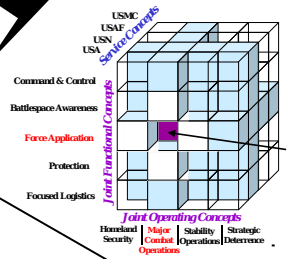
Capabilities-based Process

- **Top-down guidance**
- **Joint Concepts enables the warfighter to shape and influence the trade space debate**
- **Provides the "trade space" discussion at the right level**

Policy
Strategic Planning Guidance/ National Military Strategy

Operational Availability
Assess end of program Forces in warfighting scenarios

Concepts

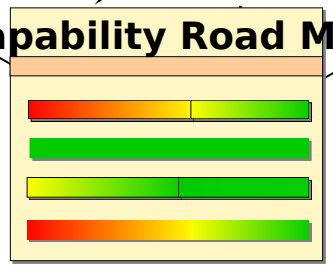


Capability Assessment
Functional Area *
Functional Needs*
Functional Solution

Assess Program
Assesses potential programmed capabilities in an warfighting operational context

Deliver
Provide Operational Capability with fielded Systems to meet a Capability Gap

Capability Road Map



Process decomposes from Policy Guidance to Warfighting Concepts to Capability Areas to Potential Solutions (material & non-material) to Products

This Brief is Unclassified

Joint Warfighting Concepts

Joint does not mean the solution has to be SAME

Despite heroic efforts, some Joint Warfighting Concepts have met with limited success during experimentation.

This Brief is Unclassified

Joint Capability Integration and Development System (JCIDS)

Goal: Provide the Joint Force with the capabilities needed to perform across the range of military operations and challenges.

Through:

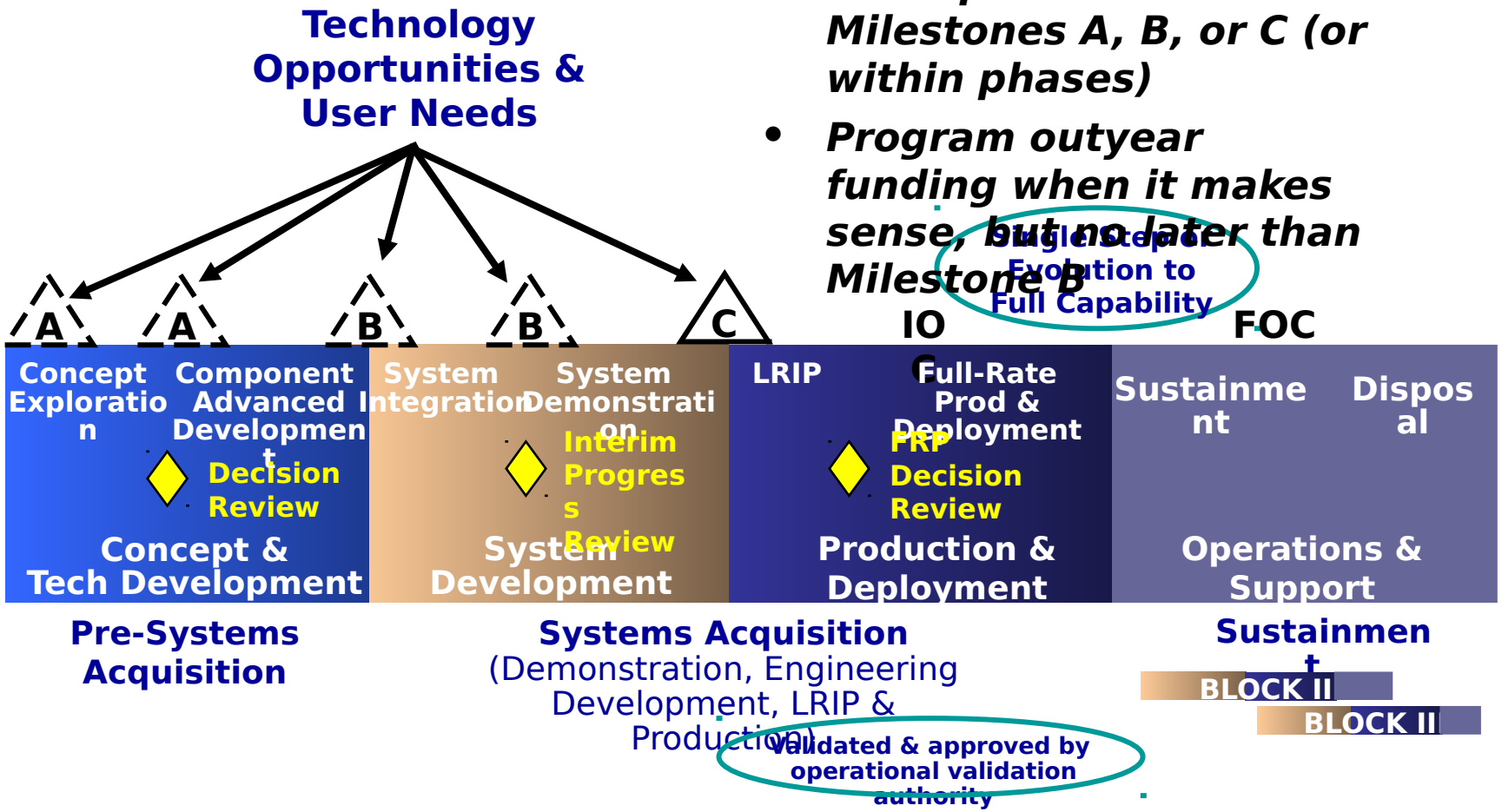
- Integrated, collaborative review process
- Leveraged expertise of all government agencies
- Application of Joint Operating Concepts and integrated architectures.

JCIDS is necessary, but not sufficient!

JCIDS along with the **Defense Acquisition System** and the **Planning, Programming, Budgeting and Execution** process form the principal DOD decision support tools for transforming the military forces to support the national military strategy and the defense strategy

Defense Acquisition Management Framework

- ***Enter process at Milestones A, B, or C (or within phases)***
- ***Program outyear funding when it makes sense, but no later than Milestone B***



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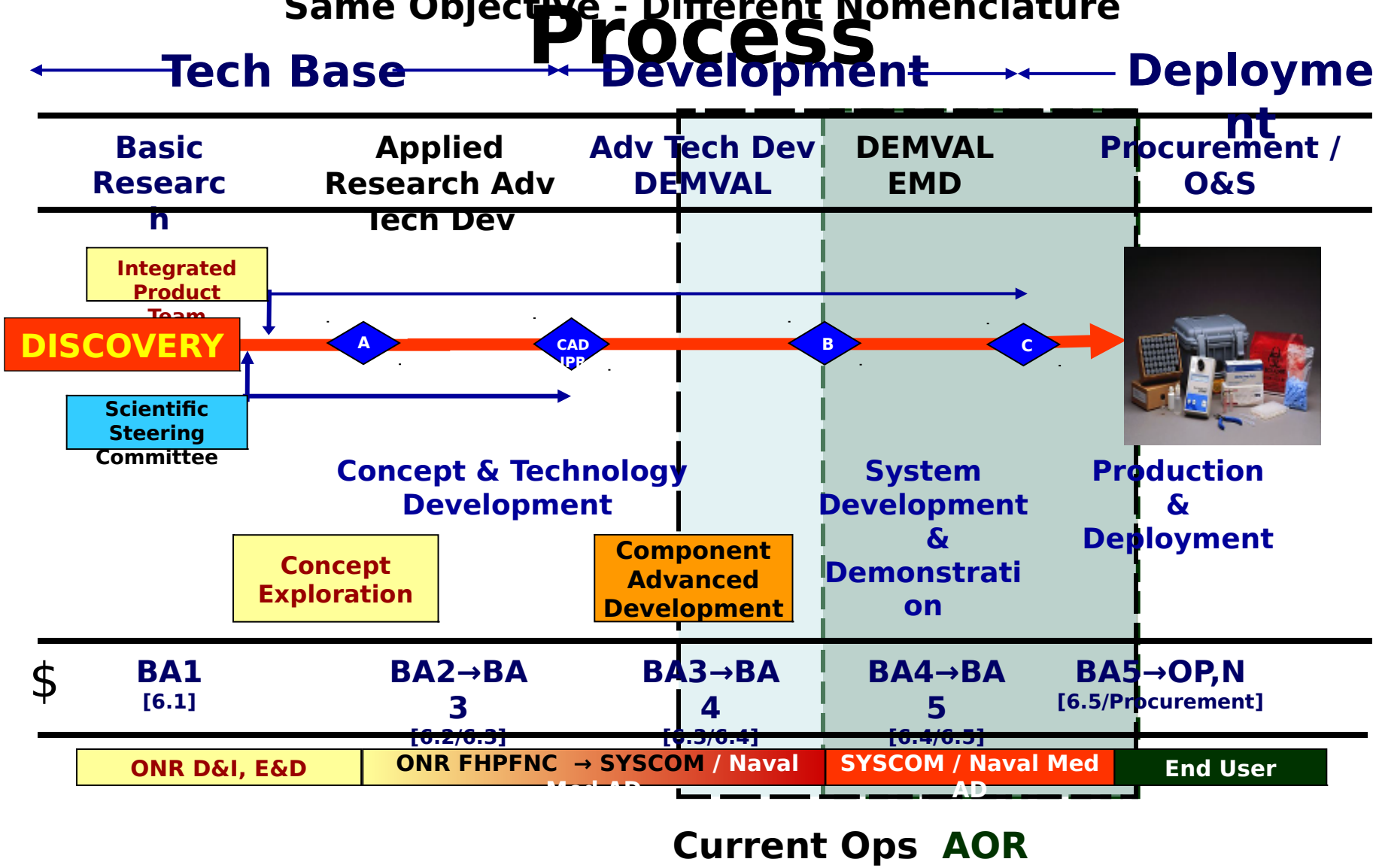
Medical R&D Process

Same Objective - Different Nomenclature



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Budget Activity 5, System Development and Demonstration (SDD). SDD programs have passed Milestone B approval and are conducting engineering and manufacturing development tasks aimed at meeting validated requirements prior to full-rate production. This budget activity includes [illegible] items validated by [illegible] Programs in this budget activity are ready for operational system development. Efforts in this budget activity involve mature system development, integration and demonstration to support Milestone C decisions and conducting live fire test and evaluation (LFT&E) and initial operational test and evaluation (IOT&E) of production representative articles. A logical progression of program phases and development and production funding must be

This means that a *Technology Readiness Level (TRL)* of 6 or 7 has been achieved.

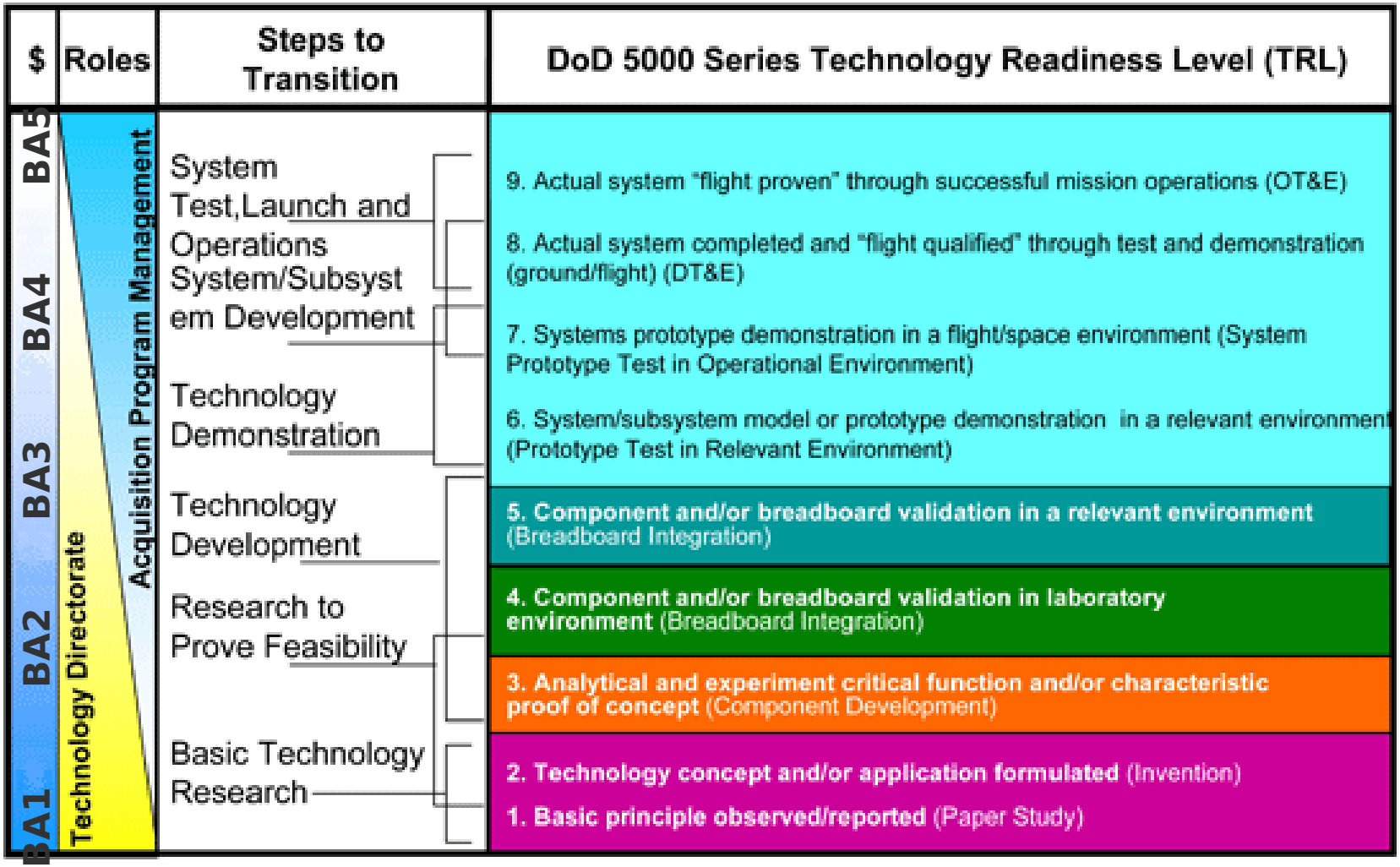
Manual of the Medical Department
U.S. Navy
NAVMED P-117

4 Aug 2005

(e) ***Budget Activity 5, System Development and Demonstration (SDD).*** SDD programs have passed Milestone B approval and are conducting engineering and manufacturing development tasks aimed at meeting validated requirements prior to full-rate production. This budget activity is characterized by major line item projects and planned operational system levels. Characteristics of this budget activity involve mature system development, integration, and demonstration to support Milestone C decisions, and conducting live fire test and evaluation (LFT&E) and initial operational test and evaluation (IOT&E) of production representative articles. A logical progression of program phases and development and production funding must be evident in the FYDP consistent with the Department's full funding policy.

The Navy Medical Development Program is funded in PE 0604771N and is classified as BA-5 consistent with *DoD Financial Management Regulation*, Volume 2B, Chapter 5, Section 050201, July 2008

Technology Readiness Level (TRL)


$
Roles
Steps to Transition
DoD 5000 Series Technology Readiness Level (TRL)
BA5
BA4
BA3
BA2
BA1
Technology Directorate
Acquisition Program Management
System Test,Launch and Operations
System/Subsystem Development
Technology Demonstration
Technology Development
Research to Prove Feasibility
Basic Technology Research
9. Actual system "flight proven" through successful mission operations (OT&E)
8. Actual system completed and "flight qualified" through test and demonstration (ground/flight) (DT&E)
7. Systems prototype demonstration in a flight/space environment (System Prototype Test in Operational Environment)
6. System/subsystem model or prototype demonstration in a relevant environment (Prototype Test in Relevant Environment)
5. Component and/or breadboard validation in a relevant environment (Breadboard Integration)
4. Component and/or breadboard validation in laboratory environment (Breadboard Integration)
3. Analytical and experiment critical function and/or characteristic proof of concept (Component Development)
2. Technology concept and/or application formulated (Invention)
1. Basic principle observed/reported (Paper Study)

This Brief is Unclassified

Biomedical TRLs

DEPARTMENT OF DEFENSE

Technology Readiness Assessment (TRA) Deskbook

May 2005

Prepared by the
Deputy Under Secretary of Defense for Science and Technology
(DUSD(S&T))

This version of the TRA Deskbook accounts for policy and guidance provided by Directive DoDD 5000.1, dated May 12, 2003; Instruction DoDI 5000.2, dated May 12, 2003; and the *Defense Acquisition Guidebook*, dated October 2004.

APPENDIX H.
BIOMEDICAL TECHNOLOGY READINESS LEVELS (TRLs)

H.1 Background H-3
H.2 The FDA Regulatory Process H-17
H.2.1 Pharmaceuticals H-17
H.2.2 Medical Devices H-18
H.3 Web Sites H-19
H.4 Additional Information H-19
Glossary for Appendix H H-21
Acronyms and Abbreviations for Appendix H H-27

Table H-1. Proposed TRLs for Medical RDT&E (Continued)

TRL 6	NASA/*Defense Acquisition Guidebook* TRL Definition: System/subsystem model or prototype demonstration in a relevant environment			
NASA/ *Defense Acquisition Guidebook* TRL Description	*USAMRMC Equivalent TRL Descriptions*			
	Pharmaceutical (Drugs)[H1, H2]	Pharmaceutical (Biologics, Vaccines)[H1, H2]	Medical Devices[H3, H4]	Medical IM/T & Medical Informatics
Representative model or prototype system, which is well beyond that of TRL 5, is tested in a relevant environment. Represents a major step up in a technology's demonstrated readiness. Examples include testing a prototype in a high-fidelity laboratory environment or in a simulated operational environment.	Pre-IND meeting (Type B) held with the Center for Drug Evaluation and Research (CDER). IND application is prepared and submitted. Phase 1 clinical trials are conducted to demonstrate safety of candidate in a small number of humans under carefully controlled and intensely monitored clinical conditions. Evaluation of pharmacokinetic and pharmacodynamic data to support the design of well-controlled, scientifically valid Phase 2 studies. Production technologies are demonstrated through production-scale cGMP plant qualification. TRL 6 Decision Criterion: Data from Phase 1 trials meet clinical safety requirements and support proceeding to Phase 2 clinical studies.	Pre-IND meeting (Type B) held with the Center for Biologics Evaluation and Research (CBER). IND application is prepared and submitted. Phase 1 clinical trials are conducted to demonstrate safety of candidates in a small number of subjects under carefully controlled and intensely monitored clinical conditions. Evaluation of immunogenicity and/or pharmacokinetics and pharmacodynamics data to support design of Phase 2 clinical trials. Surrogate efficacy models are validated. TRL 6 Decision Criterion: Data from Phase 1 clinical trials meet clinical safety requirements and support proceeding to Phase 2 clinical trials.	Clinical trials are conducted to demonstrate safety of candidate Class III medical device in a small number of humans under carefully controlled and intensely monitored clinical conditions. Component tests, component drawings, design history file, design review, and any DMR are updated and verified. Production technology demonstrated through production-scale cGMP plant qualification. For 510(k), component tests, component drawings, design history file, design review, and any DMR are updated and verified. Manufacturing facility is ready for cGMP inspection. TRL 6 Decision Criterion: Data from the initial clinical investigation demonstrate that the Class III device meets safety requirements and support proceeding to clinical safety and effectiveness trials. For a 510(k), information and data demonstrate substantial equivalency to predicate device and support production of the final prototype and final testing in a military operational environment.	Advanced technical testing of prototype HW/SW system, to include interfaces to actual supporting systems, is conducted in a relevant or simulated operational environment. Out-product is final prototype. TRL 6 Decision Criterion: Medical information data and knowledge management systems are tested with target applications in a laboratory environment. Configuration management approach developed.
	Supporting Information	Supporting Information	Supporting Information	
	For Phase 1 Clinical Trials to begin, the following are needed: the FDA's and sponsor's summary minutes of pre-IND meeting document agreements and general adequacy of information and data to support submission of IND application, amended with a new clinical protocol to support Phase 2 clinical trials or a surrogate test plan and submitted to the FDA, documents the achievement of this criterion. For entry into Phase 2 clinical trials, the results from Phase 1 clinical studies have to demonstrate safety of candidate drug. An updated IND application, amended with a new clinical protocol to support Phase 2 clinical trials or a surrogate test plan and submitted to the FDA, documents the achievement of this criterion.	For Phase 1 Clinical Trials to begin, the following are needed: the FDA's and sponsor's summary minutes of pre-IND meeting document agreements and general adequacy of information and data to support submission of an IND application. Review of the submitted IND does not result in an FDA decision to put a clinical hold on Phase 1 clinical trials with the candidate biologic/vaccine. For entry into Phase 2 clinical trials, the results from Phase 1 clinical studies have to demonstrate safety of candidate biologic/vaccine. An updated IND, amended with a new clinical protocol to support Phase 2 clinical trials or surrogate test plan and submitted to the FDA, documents achieving this criterion.	Documentation from clinical study results shows the candidate device is safe. Changes to the investigational plan that require FDA approval (21CFR812.35) are submitted as a supplemental IDE application to the FDA. For a 510(k), reviewers confirm adequacy of documented component tests, component drawings, design history file, design review, and any DMR to support claim of substantial equivalency and readiness for final testing in a military operational environment.	

TRLs for Medical RDT&E

DoD Technology Readiness Assessment (TRA) Deskbook

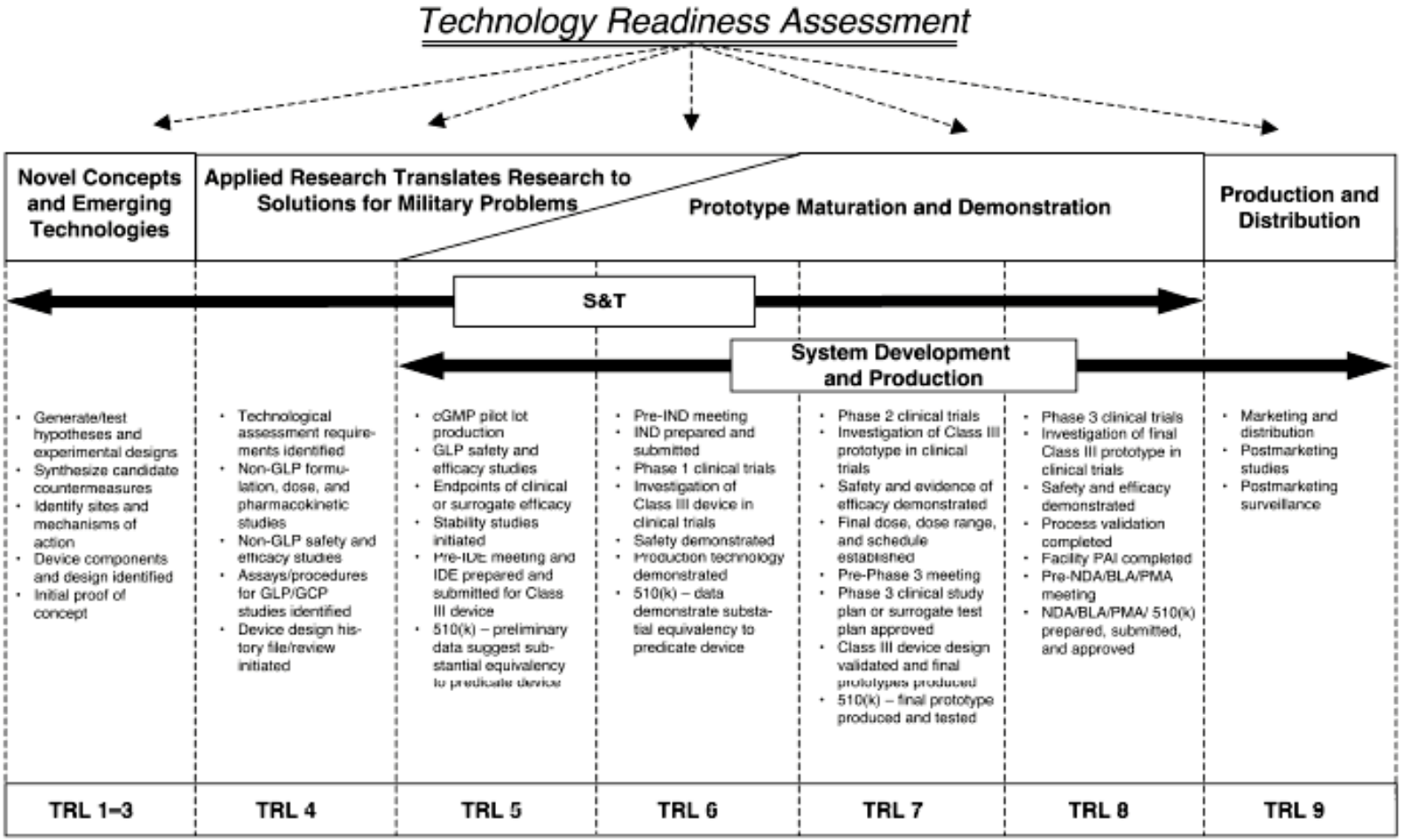

Technology Readiness Assessment
Novel Concepts and Emerging Technologies
Applied Research Translates Research to Solutions for Military Problems
Prototype Maturation and Demonstration
Production and Distribution
S&T
System Development and Production
• Generate/test hypotheses and experimental designs
• Synthesize candidate countermeasures
• Identify sites and mechanisms of action
• Device components and design identified
• Initial proof of concept
• Technological assessment requirements identified
• Non-GLP formulation, dose, and pharmacokinetic studies
• Non-GLP safety and efficacy studies
• Assays/procedures for GLP/GCP studies identified
• Device design history file/review initiated
• cGMP pilot lot production
• GLP safety and efficacy studies
• Endpoints of clinical or surrogate efficacy
• Stability studies initiated
• Pre-IDE meeting and IDE prepared and submitted for Class III device
• 510(k) – preliminary data suggest substantial equivalency to predicate device
• Pre-IND meeting
• IND prepared and submitted
• Phase 1 clinical trials
• Investigation of Class III device in clinical trials
• Safety demonstrated
• Production technology demonstrated
• 510(k) – data demonstrate substantial equivalency to predicate device
• Phase 2 clinical trials
• Investigation of Class III prototype in clinical trials
• Safety and evidence of efficacy demonstrated
• Final dose, dose range, and schedule established
• Pre-Phase 3 meeting
• Phase 3 clinical study plan or surrogate test plan approved
• Class III device design validated and final prototypes produced
• 510(k) – final prototype produced and tested
• Phase 3 clinical trials
• Investigation of final Class III prototype in clinical trials
• Safety and efficacy demonstrated
• Process validation completed
• Facility PAI completed
• Pre-NDA/BLA/PMA meeting
• NDA/BLA/PMA/ 510(k) prepared, submitted, and approved
• Marketing and distribution
• Postmarketing studies
• Postmarketing surveillance
TRL 1–3
TRL 4
TRL 5
TRL 6
TRL 7
TRL 8
TRL 9

Figure H-1. TRLs in the Medical Materiel Regulatory Process

Note for Figure H-1: *The TRL descriptions are not considered absolutes, and characterization of activities associated with TRLs can and does vary at times. The S&T and acquisition PMs work together in exercising discretion in the selection, progression, and timing of specific activities to be accomplished, particularly with regard to TRL 5. Such flexibility and tailoring are needed to align the TRL decision criteria appropriately with maturation and risk characteristics of a particular technology, including consideration of the associated investment strategy and transition procedures that may vary among PMs.*

This Brief is Unclassified

What Constitutes a Product?

Table H-1. Proposed TRLs for Medical RDT&E (Continued)

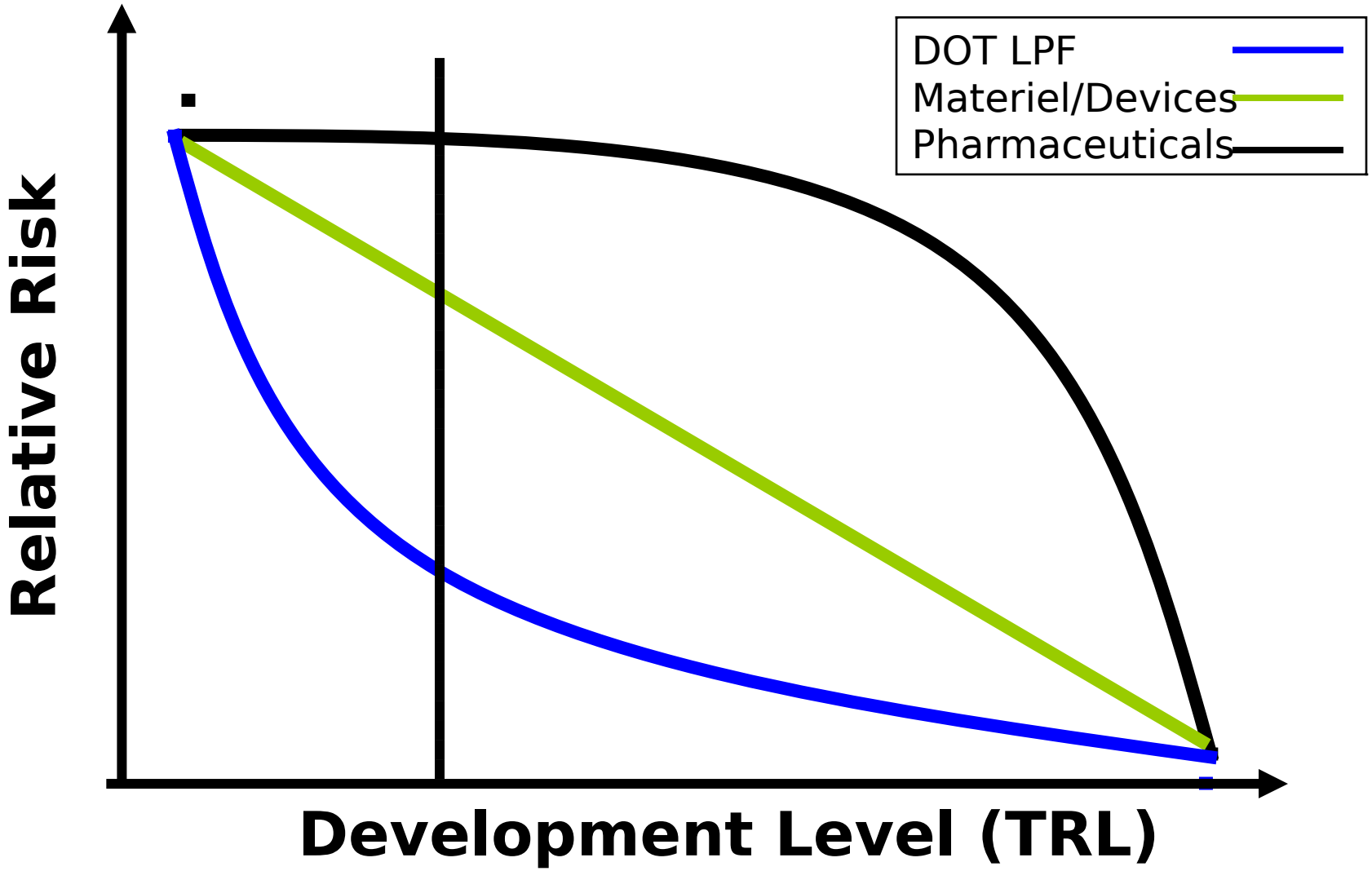
TRL 6 NASA/*Defense Acquisition Guidebook* TRL Definition: System/subsystem model or prototype demonstration in a relevant environment

NASA/ *Defense Acquisition Guidebook* TRL Description	*USAMRMC Equivalent TRL Descriptions*			
	Pharmaceutical (Drugs)[N1, N2]	**Pharmaceutical (Biologics, Vaccines)[N1, N2]**	**Medical Devices[N3, N4]**	**Medical IM/IT & Medical Informatics**
Representative model or	Pre-IND meeting (Type B) held with the Center	Pre-IND meeting (Type B) held with the Center	Clinical trials are conducted to demonstrate	Advanced technical testing of
			support production of the final prototype and final testing in a military operational environment.	
	Supporting Information	**Supporting Information**	**Supporting Information**	
	For Phase 1 Clinical Trials to begin, the following are needed: the FDA's and sponsor's summary minutes of pre-IND meeting document agreements and general adequacy of information and data to support submission of an IND application. Review of the submitted IND application does not result in a FDA decision to put a clinical hold on Phase 1 clinical trials with the candidate drug. For entry into Phase 2 clinical trials, the results from Phase 1 clinical studies have to demonstrate safety of candidate drug. An updated IND application, amended with a new clinical protocol to support Phase 2 clinical trials or a surrogate test plan and submitted to the FDA, documents the achievement of this criterion.	For Phase 1 Clinical Trials to begin, the following are needed: the FDA's and sponsor's summary minutes of pre-IND meeting document agreements and general adequacy of information and data to support submission of an IND application. Review of the submitted IND does not result in an FDA decision to put a clinical hold on Phase 1 clinical trials with the candidate biologic/vaccine. For entry into Phase 2 clinical trials, the results from Phase 1 clinical studies have to demonstrate safety of candidate biologic/vaccine. An updated IND, amended with a new clinical protocol to support Phase 2 clinical trials or surrogate test plan and submitted to the FDA, documents achieving this criterion.	Documentation from clinical study results shows the candidate device is safe. Changes to the investigational plan that require FDA approval (21CFR812.35) are submitted as a supplemental IDE application to the FDA. For a 510(k), reviewers confirm adequacy of documented component tests, component drawings, design history file, design review, and any DMR to support claim of substantial equivalency and readiness for final testing in a military operational environment.	

Pharmaceuticals – Drugs
Pharmaceuticals – Biologics & Vaccines
Medical Devices
Medical IM/IT & Informatics
Medical Knowledge – Clinical Best Practices

This Brief is Unclassified

Product Development Pathway & Risk Management



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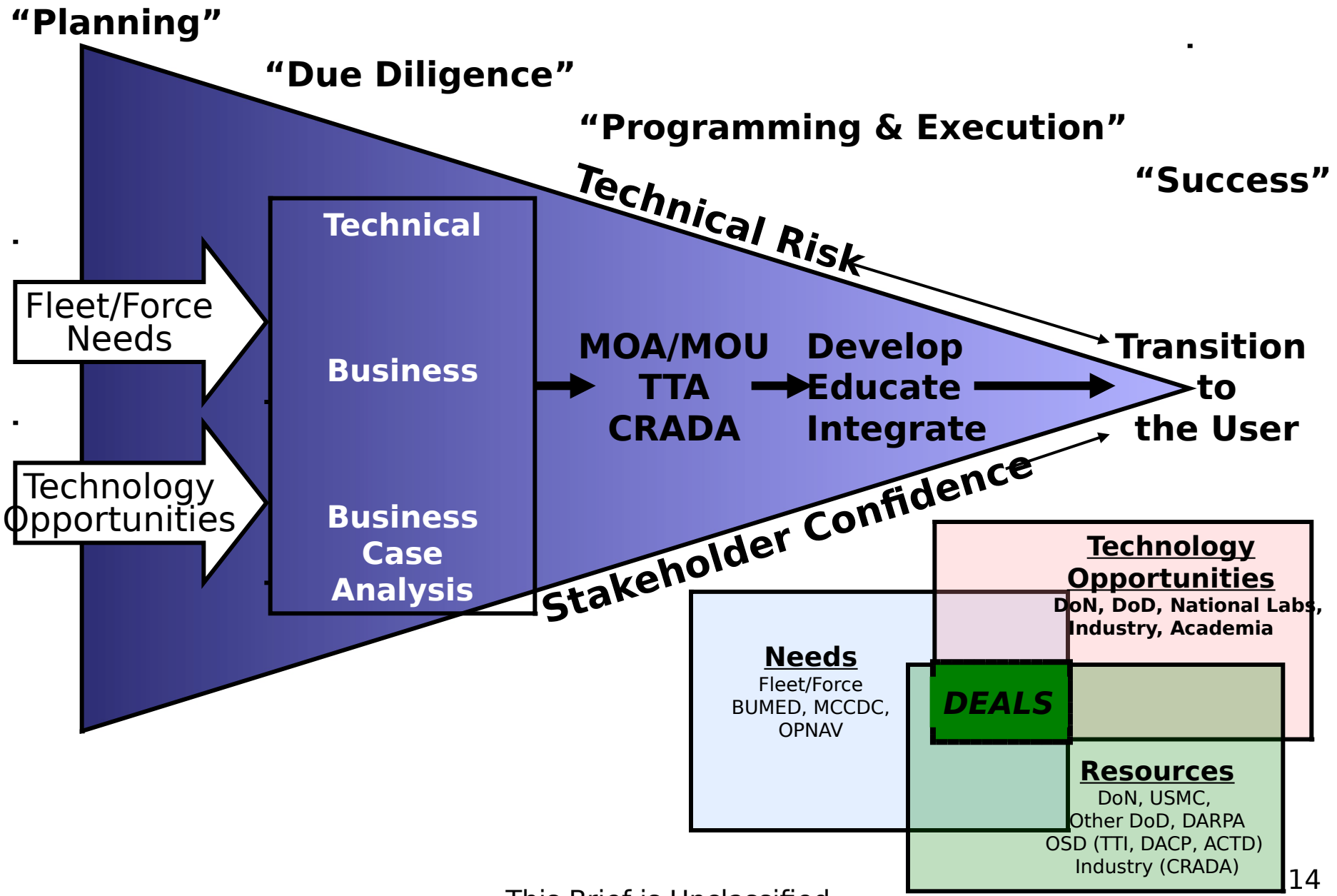
Getting to the Solution



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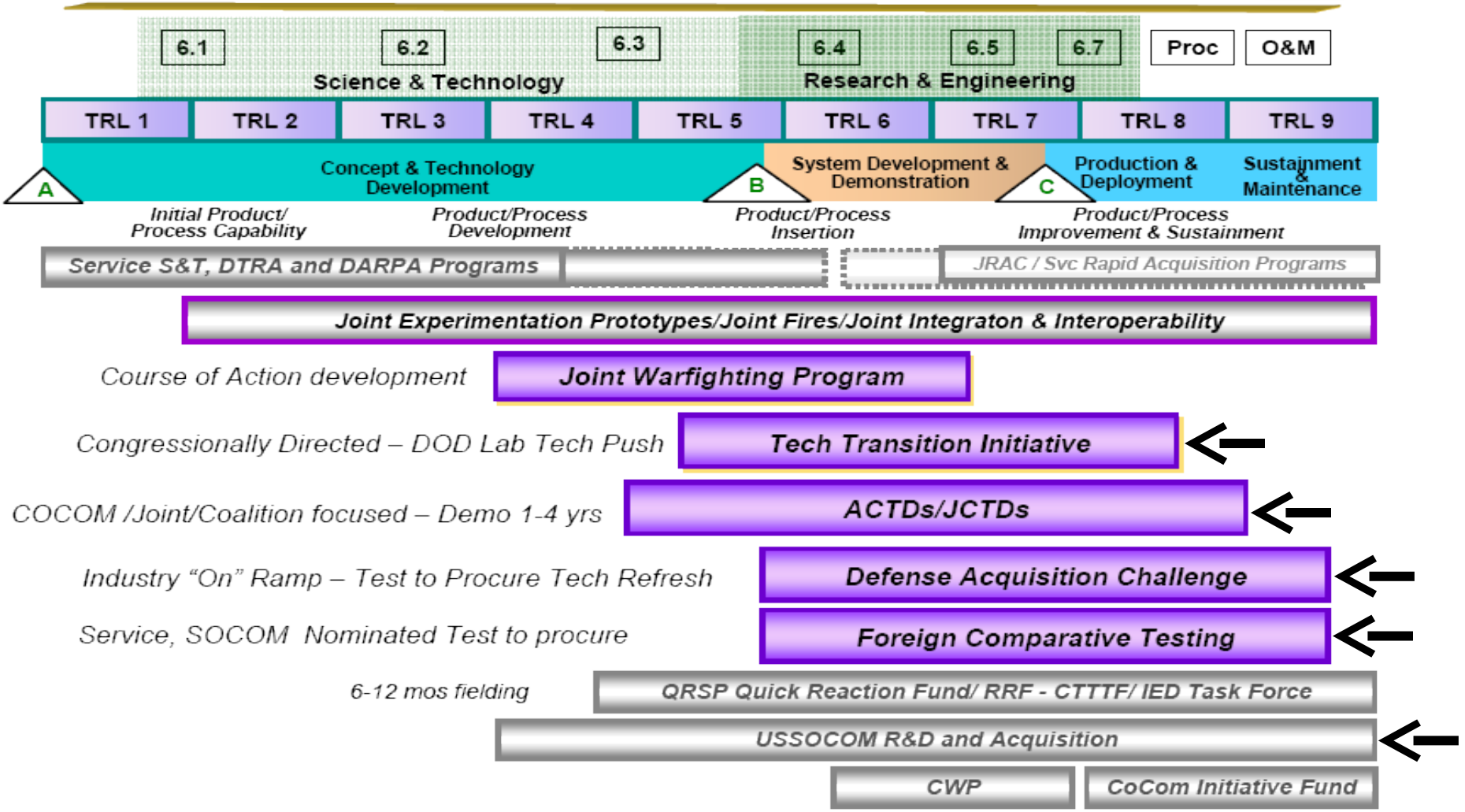
Medical Development Program
Partnering Opportunities

Agile Acquisition Processes



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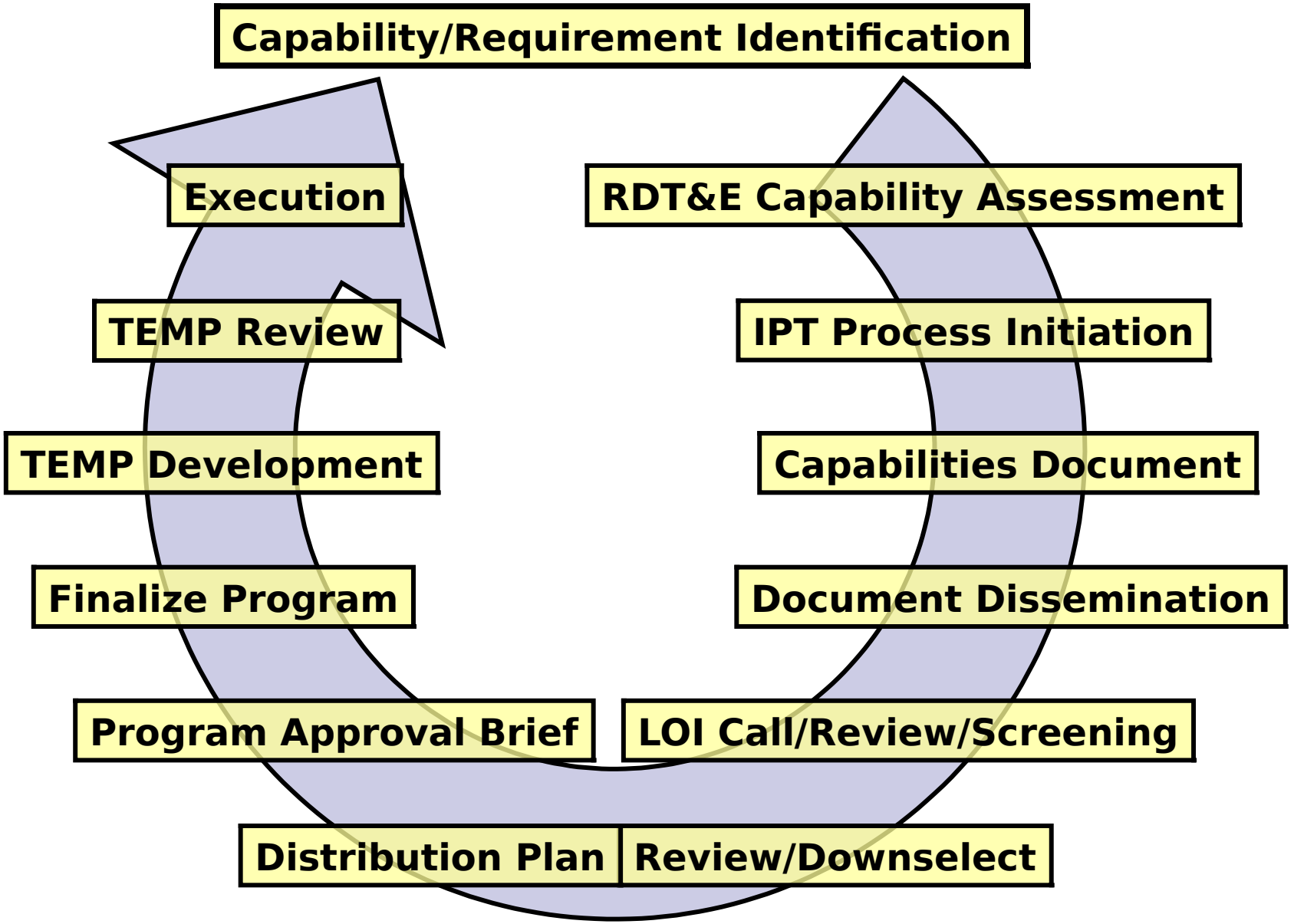
rogram Planning and Execution Cycl



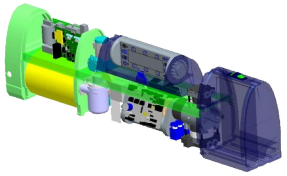
Technologies on the Horizon

Monitoring Oxygen Ventilation External Suction - FY09

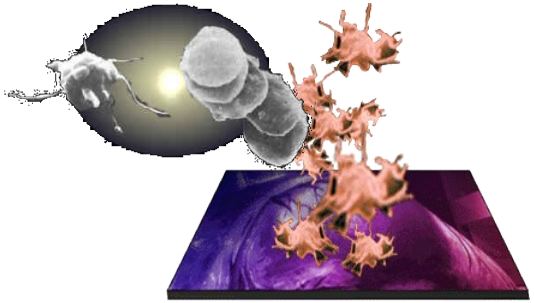
Test for Wound Closure FY12

Limb Salvage

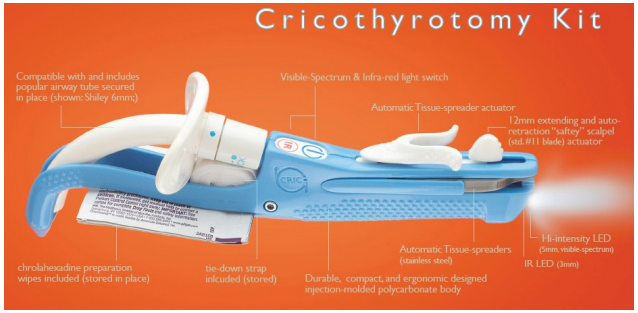
MOVES Anesthesia - FY12



Infusible Hemostatic - FY12



CyberCric FY09


Cricothyrotomy Kit
Compatible with and includes popular airway tube secured in place (shown: Shiley 6mm)
Visible-Spectrum & Infra-red light switch
Automatic Tissue-spreader actuator
12mm extending and auto-retraction "saftey" scalpel (std.#11 blade) actuator
Hi-intensity LED (5mm, visible-spectrum)
IR LED (3mm)
Automatic Tissue-spreaders (stainless steel)
chrolahexadine preparation wipes included (stored in place)
tie-down strap inlcuded (stored)
Durable, compact, and ergonomic designed injection-molded polycarbonate body

Medical Development Program

What are your questions

This Brief is Unclassified

BACK-UP

500 J.I.C.™ (Just In Case) Shotguns
500° J.I.C.™ CRUISER®
18.5" Barrel, Matte Finish,
Black Synthetic Stock/Pistol Grip,
Survival Kit-In-A-Can,
Impact-Resistant Tube with Strap,
Item #51340

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NOT AN ENDORSEMENT

- **JCIDS Designation**
- **SYSCOM Function**
- **Resourcing**
- **Program Operations**

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The Joint in JCIDS means…

JPD	Summary	Joint Impact or Impact Across Services?	Certifications or Endorsements Required?
JROC Interest	All ACAT I and ACAT IA programs receive a JPD of JROC Interest All programs with a significant impact on joint warfighting or have a potential impact across Services have a JPD of JROC Interest	Joint impact	Yes
Joint Integration	All ACAT II programs or below, which do not significantly affect the joint force, but do require certifications or endorsements have a JPD of Joint Integration	No significant impact	Yes
Joint Information	All ACAT II programs or below which have interest or potential impact across Services or Agencies, but do not have a significant impact on the joint force, do not reach the threshold for JROC interest, and do not require certifications or endorsements receive a JPD of Joint Information	Impact across Services	No
Independent	All ACAT II programs or below which do not significantly affect the joint force and do not require certifications or endorsements receive a JPD of Independent	No significant impact	No

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Acquisition Categories (ACAT)

DoD Instruction 5000.2 ACATs

Table E2.T1. Desciption and Decision Authority for ACAT I - III Programs

Acquisition Category	Reason for ACAT Designation	Decision Authority
ACAT I	MDAP (10 USC 2430, reference (n)) Dollar value: estimated by the USD(AT&L) to require an eventual total expenditure for research, development, test and evaluation (RDT&E) of more than $365 million in fiscal year (FY) 2000 constant dollars or, for procurement, of more than $2.190 billion in FY 2000 constant dollars MDA designation MDA designation as special interest	ACAT ID: USD(AT&L) ACAT IC: Head of the DoD Component or, if delegated, the DoD Component Acquisition Executive (CAE)
ACAT IA	MAIS: Dollar value of AIS estimated by the DoD Component Head to require program costs (all appropriations) in any single year in excess of $32 million in fiscal year (FY) 2000 constant dollars, total program costs in excess of $126 million in FY 2000 constant dollars, or total life-cycle costs in excess of $378 million in FY 2000 constant dollars MDA designation as special interest	ACAT IAM: ASD(C3I)/DoD CIO ACAT IAC: CAE, as delegated by the DoD CIO
ACAT II	Does not meet criteria for ACAT I Major system Dollar value: estimated by the DoD Component Head to require an eventual total expenditure for RDT&E of more than $140 million in FY 2000 constant dollars, or for procurement of more than $660 million in FY 2000 constant dollars (10 USC 2302d, reference (o)) MDA designation 4 (10 USC 2302(5), reference (p)) MDA designation as special interest	DoD CAE or the individual designated by the CAE
ACAT III	Does not meet criteria for ACAT II or above Less-than a MAIS program	Designated by the DoD CAE at the lowest level appropriate

Notes:
1. In some cases, an ACAT IA program, as defined above, also meets the definition of an MDAP. The USD(AT&L) and the ASD(C3I)/DoD CIO shall decide who will be the MDA for such
2. An AIS program is an acquisition program that acquires IT, except IT that involves equipment that is an integral part of a weapon or weapons system, or is an acquisition of services
3. The ASD(C3I)/DoD CIO shall designate programs as ACAT IAM or ACAT IAC. MAIS programs shall not be designated as ACAT II.
4. As delegated by the Secretary of Defense or Secretary of the Military Department.

SECNAV Inst 5000.2D ACATs

Description and Decision Authority for ACAT I-IV and AAP Programs

Acquisition Category	Criteria for ACAT or AAP Designation	Decision Authority
ACAT I	Major Defense Acquisition Programs (MDAPs) (10 USC 2430) RDT&E total expenditure > $365 million in FY 2000 constant dollars, or Procurement total expenditure > $2.190 billion in FY 2000 constant dollars, or MDA designation as special interest	ACAT ID: USD(AT&L) ACAT IC: SECNAV, or if delegated, ASN(RD&A) as the CAE (not further delegable)
ACAT IA	Major Automated Information Systems (MAISs) Program costs/year (all appropriations) > $32 million in FY 2000 constant dollars, or Total program costs > $126 million in FY 2000 const. dollars, or Total life-cycle costs > $378 million in FY 2000 constant dollars MDA designation as special interest	ACAT IAM: ASD(NII)/DoD CIO ACAT IAC: SECNAV, or if delegated, ASN(RD&A) as the CAE (not further delegable)
ACAT II	Does not meet the criteria for ACAT I Major Systems (10 USC 2302(5)) RDT&E total expenditure > $140 million in FY 2000 constant dollars, or Procurement total expenditure > $660 million in FY 2000 constant dollars, or ASN(RD&A) designation as special interest Not applicable to IT system programs	ASN(RD&A), or the individual designated by ASN(RD&A)
ACAT III	Does not meet the criteria for ACAT II or above Weapon system programs: RDT&E total expenditure ≤ $140 million in FY 2000 constant dollars, or Procurement total expenditure ≤ $660 million in FY 2000 constant dollars, and Affects mission characteristics of ships or aircraft or combat capability IT system programs: Program costs/year ≥ $15 million ≤ $32 million in FY 2000 constant dollars, or Total program costs ≥ $30 million ≤ $126 million in FY 2000 constant dollars, or Total life-cycle costs ≤ $378 million in FY 2000 constant dollars	Cognizant PEO, SYSCOM Commander, DRPM, or designated flag officer or senior executive service (SES) official. ASN(RD&A), or designee, for programs not assigned to a PEO, SYSCOM, or DRPM.
ACAT IVT	Does not meet the criteria for ACAT III or above Requires operational test and evaluation Weapon system programs: RDT&E total expenditure ≤ $140 million in FY 2000 constant dollars, or Procurement total expenditure ≤ $660 million in FY 2000 constant dollars IT system programs: Program costs/year < $15 million, or Total program costs < $30 million, or Total life-cycle costs ≤ $378 million in FY 2000 constant dollars	Cognizant PEO, SYSCOM Commander, DRPM, or designated flag officer, SES official, or PM. ASN(RD&A), or designee, for programs not assigned to a PEO, SYSCOM, or DRPM
ACAT IVM	Does not meet the criteria for ACAT III or above Does not require operational test and evaluation as concurred with by OTA Weapon system programs: RDT&E total expenditure ≥ $10 million ≤ $140 million in FY 2000 constant dollars, or Procurement expenditure ≥ $25 million/year ≥ $50 million total ≤ $660 million total in FY 2000 constant dollars Not applicable to IT system programs	Cognizant PEO, SYSCOM Commander, DRPM, or designated flag officer, SES official, or PM. ASN(RD&A), or designee, for programs not assigned to a PEO, SYSCOM, or DRPM
Abbreviated Acquisition Program	Does not meet the criteria for ACAT IV or above Does not require operational test and evaluation as concurred with in writing by OTA Weapon system programs: Development total expenditure < $10 million, and Production or services expenditure < $25 million/year, < $50 million total IT system programs: Program costs/year < $15 million, and Total program costs < $30 million	Cognizant PEO, SYSCOM Commander, DRPM, or designated flag officer, SES official, or PM. ASN(RD&A), or designee, for programs not assigned to a PEO, SYSCOM, or DRPM.

This Brief is Unclassified

What is required after Designation?

Office	JROC Interest	Joint Integration	Joint Information	Independent
Army	X	X	X	S
Navy	X	X	X	S
Air Force	X	X	X	S
Marine Corps	X	X	X	S
Joint Staff	X/C/E	C/E	X	
FCB Working Groups	L/S	L/S	L/S	L/S
Combatant Commanders	X	X	X	S
Other DoD Components	X	X	X	X
USD(AT&L)	X	X	X	
USD(I)	X	X	X	
USecAF (DoD EA for Space)	X	X	X	
ASD(NII)/DoD CIO	X	X	X	
USD(P&R)	X	X	X	
USD(C)	X	X	X	
DOT&E	X	X	X	
Director, PA&E	X	X	X	
DIA	X	X	X	
DISA	X	X	X	S
NGA	X	X	X	S
NSA	X	X	X	S
NRO	X	X	X	S
MRB	X	X	X	S

Legend:
L/S = lead/supporting FCB
S = Sponsor staffing only
X = Required staffing
C = Certification
E = Weapon Safety Endorsement

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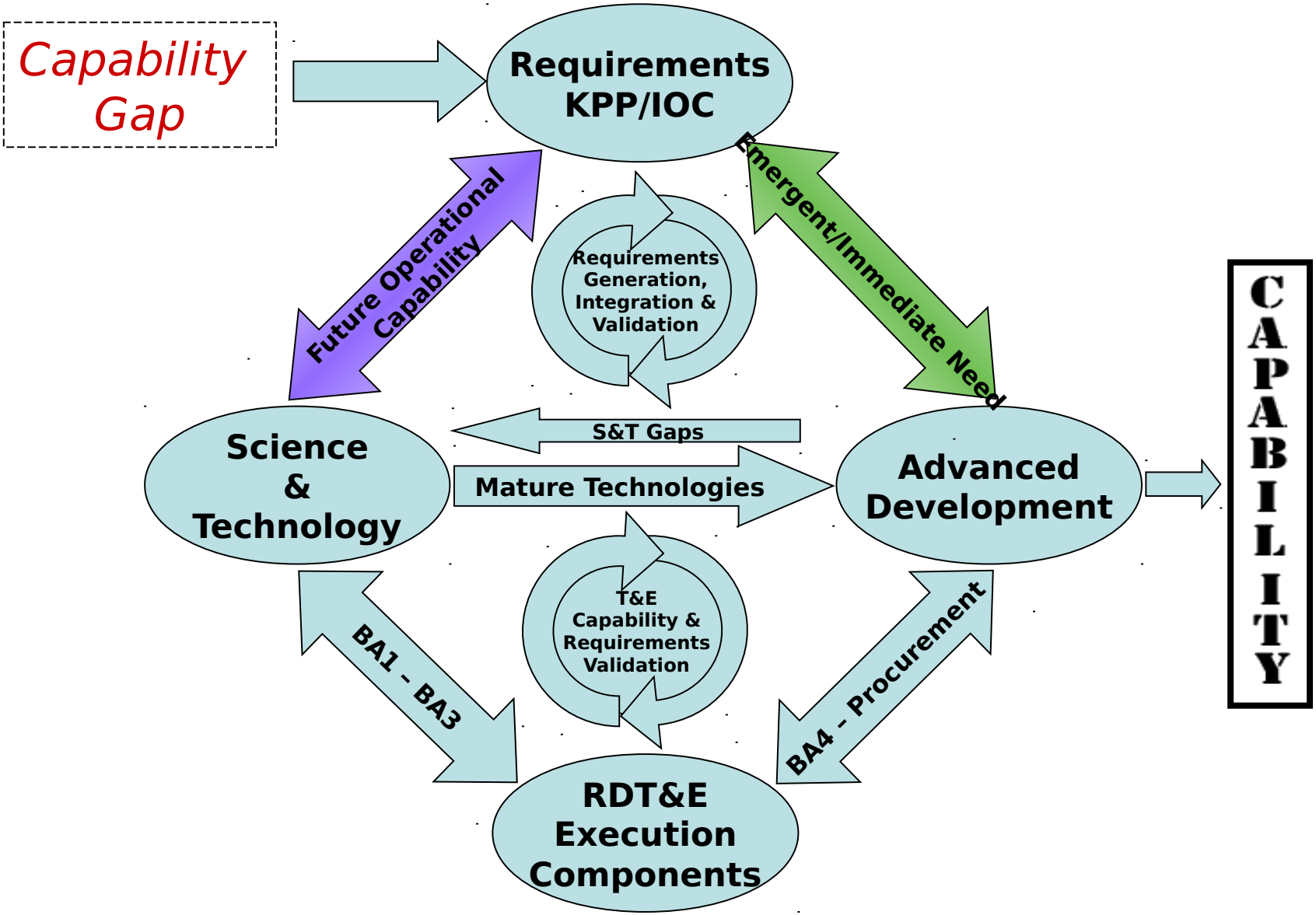
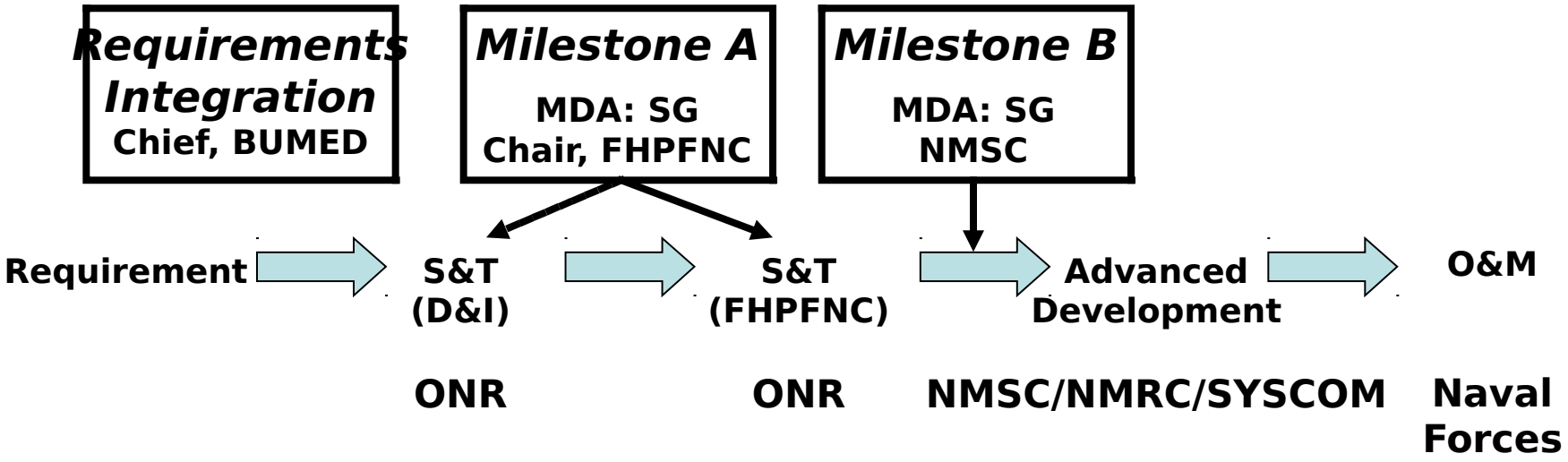
Systems Command

RDT&E & Development Processes



Development Pipeline
Primary Responsibilities



Capabilities	**CFFC / Fleet & Marine Forces / JCIDS output**
Requirement	**SG / BUMED M5 *with FFC coordination***
DD	**ONR / NMSC (RDT&E) / Other Sponsors**
S&T	**NMSC (NMRC) / MARCORSYSCOM PG-16 / USAMMDA**
Advanced Dev	
O&M	**NMSC (NMLC) / MARCORSYSCOM / SYSCOMS / DoD**

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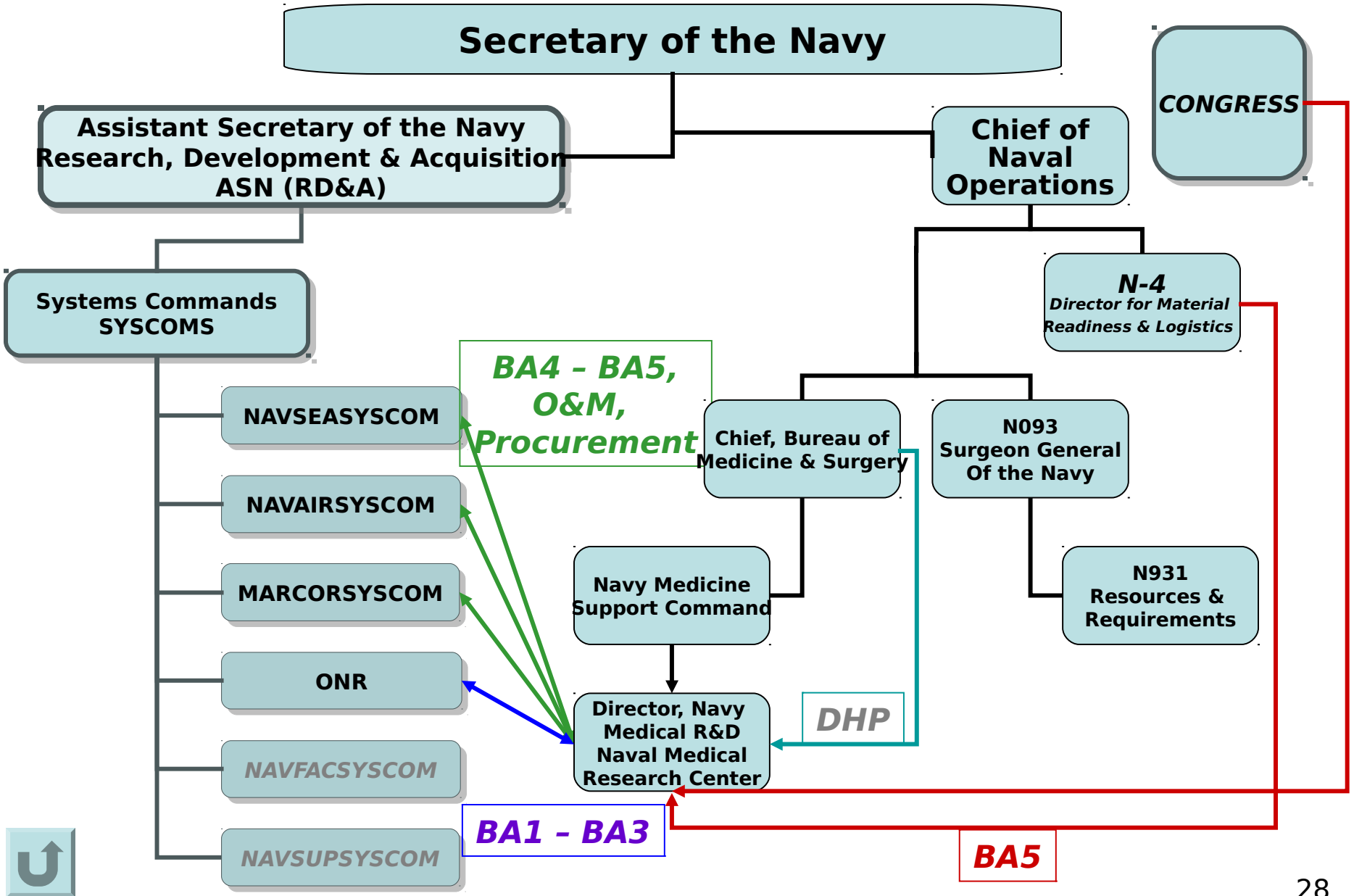
val Medical RDT&E Requirements and Resourc



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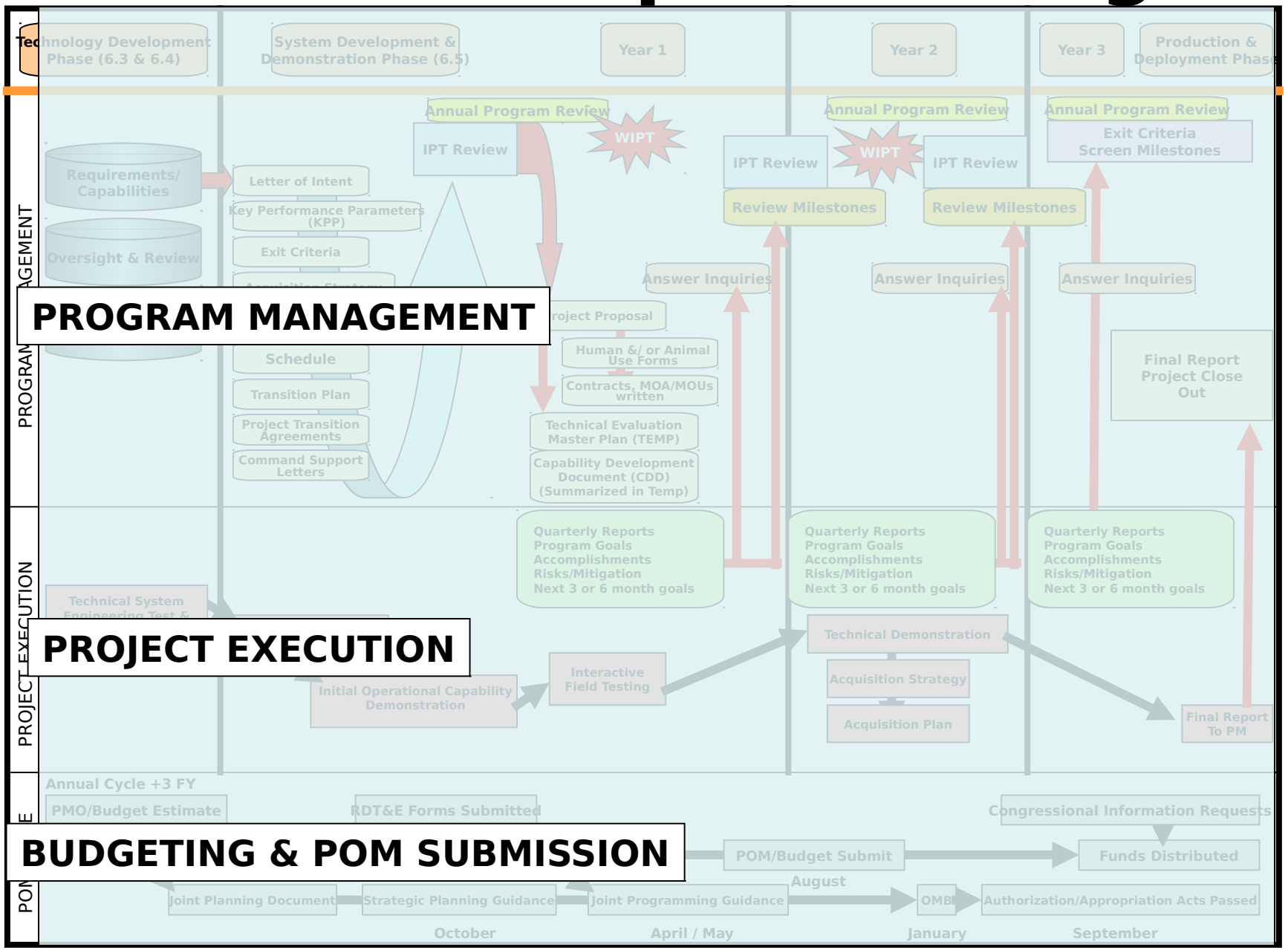
Medical Development Program



1 **PROGRAM MANAGEMENT**

2 **PROJECT EXECUTION**

3 **BUDGETING & POM SUBMISSION**

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MEDICAL DEVELOPMENT PROGRAM
END OF BRIEFING MATERIALS

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